

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

6884

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr. Glen NICKNAME LAST SUFFIX	OFFICE USE ONLY Date Received Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE P.O Box 2505 Austin TX 78768		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 656 6337		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr. Glen NICKNAME LAST SUFFIX		
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 602 W 26th # B Austin TX 78768		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 656 6337		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year / / 6/30/08		
11 ELECTION	ELECTION DATE Month Day Year / / ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special		
12 OFFICE	OFFICE HELD (if any) NA	13 OFFICE SOUGHT (if known) NA Tax Assessor Collected	
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS	** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. ** Name NA Address / PO Box; Apt. / Suite #; City; State; Zip Code		
<input type="checkbox"/> additional pages			
GO TO PAGE 2			

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME

Glen Maxey

16 ACCOUNT # (Ethics Commission Filers)

17 NOTICE
FROM
POLITICAL
COMMITTEE(S)

** This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. **

COMMITTEE TYPE

☐ GENERAL

☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages

18 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ ~~17535.87~~ 0 -

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 17535.87

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ 0 -

4. TOTAL POLITICAL EXPENDITURES

\$ 19109.23

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$ 0

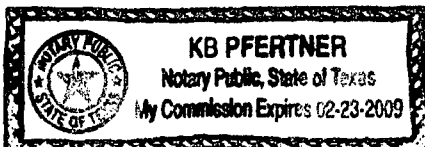
OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

19 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



AFFIX NOTARY STAMP / SEAL ABOVE

Glen Maxey
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said GLEN MAXEY, this the 14TH day of JULY, 2008, to certify which, witness my hand and seal of office.

[Signature]
Signature of officer administering oath

K.B. PFERTNER
Printed name of officer administering oath

NOTARY-STATE OF TEXAS
Title of officer administering oath

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

Glen Maxey

4 Date 2/28/2008	5 Full name of contributor Brent Biggs Contributor address: 1216 S 274 St Des WA 98198	7 Amount of contribution (\$) \$500.00	8 In-kind contribution description
Principal Occupation		Employer	
4 Date 3/4/2008	5 Full name of contributor Daren Appelt Contributor address: 3800 Mia Tia Circle Austin TX 78731	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description
Principal Occupation		Employer	
4 Date 2/22/2008	5 Full name of contributor Janis & Joe Pinnelli Contributor address: 2001 Exposition Austin TX 78703	7 Amount of contribution (\$) \$500.00	8 In-kind contribution description
Principal Occupation		Employer	
4 Date 2/15/2008	5 Full name of contributor William Colburn Contributor address: 1323 Hawthorne St Houston TX 77006	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description
Principal Occupation Senior Controller		Employer Hines Interests Limited	
4 Date 2/26/2008	5 Full name of contributor Gay & Lesbian Victory Fund Contributor address: P O Box 96308 Washingto DC 20090	7 Amount of contribution (\$) \$7,500.00	8 In-kind contribution description
Principal Occupation		Employer	

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

Glen Maxey

4 Date 2/25/2008	5 Full name of contributor Mary Ellen Felps Contributor address: City State Aip P O Box 49339 Austin TX 78765	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description
Principal Occupation		Employer	
4 Date 2/24/2008	5 Full name of contributor Stephanie Thomas Contributor address: City State Aip 1208 Marshall Ln Austin TX 78703	7 Amount of contribution (\$) \$25.00	8 In-kind contribution description
Principal Occupation		Employer	
4 Date 2/24/2008	5 Full name of contributor Glen Maxey Making Government Work Contributor address: City State Aip P O Box 2505 Austin TX 78768	7 Amount of contribution (\$) \$600.30	8 In-kind contribution description
Principal Occupation Not applicable		Employer Not applicable	
4 Date 03/02/2008	5 Full name of contributor Linda Perez Contributor address: City State Aip 1650 CR 112 Floresville TX 78114	7 Amount of contribution (\$) \$25.00	8 In-kind contribution description
Principal Occupation Rancher		Employer Self	
4 Date 2/29/2008	5 Full name of contributor Paula Mixson Contributor address: City State Aip 2020 Northridge Dr Austin TX 78723	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description
Principal Occupation Consultant and Trainer		Employer Self	

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

Glen Maxey

4 Date 3/1/2008	5 Full name of contributor Robert Blodgett Jeffrey Hudson Contributor address: City State Alp 4106 Burnet Rd Austin TX 78756	7 Amount of contribution (\$) \$25.00	8 In-kind contribution description
Principal Occupation Professor		Employer Austin Community College	
4 Date 3/1/2008	5 Full name of contributor Liz & Duff Stewart Contributor address: City State Alp 6801 Valburn Dr Austin TX 78731	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description
Principal Occupation		Employer	
4 Date 3/1/2008	5 Full name of contributor Bonnie & Francis Cahill Contributor address: City State Alp 40 IH 35 N 5AC Austin TX 78701	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description
Principal Occupation Retired		Employer Retired	
4 Date 3/1/2008	5 Full name of contributor Pearce Shanks Contributor address: City State Alp 7603 Valburn Dr Austin TX 78731	7 Amount of contribution (\$) \$10.00	8 In-kind contribution description
Principal Occupation		Employer	
4 Date 3/3/2008	5 Full name of contributor Tom Doyal Contributor address: City State Alp 1307 Kinney Ave 126 Austin TX 78704	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description
Principal Occupation Retired		Employer Retired	

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

Glen Maxey

4 Date 3/1/2008	5 Full name of contributor David Butts Contributor address: City State Aip 1914 Patton Austin TX 250	7 Amount of contribution (\$) \$1,000.00	8 In-kind contribution description
Principal Occupation Consultaant		Employer Self	
4 Date 3/5/2008	5 Full name of contributor Lynn Herrick Contributor address: City State Aip 2700 MANOR RD 102 AUSTIN TX 78722	7 Amount of contribution (\$) \$5.00	8 In-kind contribution description
Principal Occupation		Employer	
4 Date 3/9/2008	5 Full name of contributor Glen Maxey Making Government Work Contributor address: City State Aip P O Box 2505 Austin TX 78768	7 Amount of contribution (\$) \$48.02	8 In-kind contribution description
Principal Occupation Not applicable		Employer Not applicable	
4 Date 3/2/2008	5 Full name of contributor Glen Maxey Making Government Work Contributor address: City State Aip P O Box 2505 Austin TX 78768	7 Amount of contribution (\$) \$624.29	8 In-kind contribution description
Principal Occupation Not applicable		Employer Not applicable	
4 Date 3/30/2008	5 Full name of contributor Glen Maxey Making Government Work Contributor address: City State Aip P O Box 2505 Austin TX 78768	7 Amount of contribution (\$) \$76.83	8 In-kind contribution description
Principal Occupation Not applicable		Employer Not applicable	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Full name of contributor ☐ out-of-state PAC (ID#:

7 Amount of
contribution (\$)

8 In-kind contribution
description (if applicable)

6/30/08

Glen Maxey

6 Contributor address; City; State; Zip Code

P.O. Box 2505 Austin TX 78768

5886.43

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID#:

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID#:

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID#:

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID#:

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES

SCHEDULE F

See Instruction Guide For Detailed Instructions.						1 Total pages Schedule F	
2 FILER NAME Glen Maxey Campaign						3 ACCOUNT #	
4 Date 3/4/2008		5 Payee name Worley Printing				7 Amount (\$) 536.92	
		6 Payee address 3217 N IH 35		City Austin	State TX	Zip Code 78722	
8 Purpose of expenditure Printing					9 Complete if direct expenditure to benefit C/OH Candidate/Officeholder name Office held / sought		
4 Date 2/25/2008		5 Payee name David Butts				7 Amount (\$) 5,000.00	
		6 Payee address 1914 Patton		City Austin	State TX	Zip Code 250	
8 Purpose of expenditure Loan Repayment					9 Complete if direct expenditure to benefit C/OH Candidate/Officeholder name Office held / sought		
4 Date 3/5/08		5 Payee name Ignite Consulting				7 Amount (\$) 861.00	
		6 Payee address 4032 S Lamar Ste 500 Box		City Austin	State TX	Zip Code 78704	
8 Purpose of expenditure Chronicle ad 1/31 10737					9 Complete if direct expenditure to benefit C/OH Candidate/Officeholder name Office held / sought		
4 Date 3/5/08		5 Payee name Ignite Consulting				7 Amount (\$) 500.00	
		6 Payee address 4032 S Lamar Ste 500 Box		City Austin	State TX	Zip Code 78704	
8 Purpose of expenditure Auto Calls 10722					9 Complete if direct expenditure to benefit C/OH Candidate/Officeholder name Office held / sought		

POLITICAL EXPENDITURES

SCHEDULE F

See Instruction Guide For Detailed Instructions.						1	Total pages Schedule F
2 FILER NAME Glen Maxey Campaign						3	ACCOUNT #
4	Date 3/5/08	5	Payee name Ignite Consulting			7	Amount (\$) 618.44
		6	Payee address 4032 S Lamar Ste 500 Box	City Austin	State TX	Zip Code 78704	
8 Purpose of expenditure Auto Call 10744					9 Complete if direct expenditure to benefit C/OH Candidate/Officeholder name Office held / sought		
4	Date 3/5/08	5	Payee name Ignite Consulting			7	Amount (\$) 1,031.96
		6	Payee address 4032 S Lamar Ste 500 Box	City Austin	State TX	Zip Code 78704	
8 Purpose of expenditure Auto Call					9 Complete if direct expenditure to benefit C/OH Candidate/Officeholder name Office held / sought		
4	Date 3/5/08	5	Payee name Ignite Consulting			7	Amount (\$) 1,869.70
		6	Payee address 4032 S Lamar Ste 500 Box	City Austin	State TX	Zip Code 78704	
8 Purpose of expenditure Mailing printing, postage, mailshop 10761					9 Complete if direct expenditure to benefit C/OH Candidate/Officeholder name Office held / sought		
4	Date 3/5/08	5	Payee name Ignite Consulting			7	Amount (\$) 563.48
		6	Payee address 4032 S Lamar Ste 500 Box	City Austin	State TX	Zip Code 78704	
8 Purpose of expenditure Auto calls 10783					9 Complete if direct expenditure to benefit C/OH Candidate/Officeholder name Office held / sought		

POLITICAL EXPENDITURES

SCHEDULE F

See Instruction Guide For Detailed Instructions.						1	Total pages Schedule F
2 FILER NAME Glen Maxey Campaign						3	ACCOUNT #
4	Date 3/5/08	5	Payee name Ignite Consulting			7	Amount (\$) 7,500.00
		6	Payee address 4032 S Lamar Ste 500 Box	City Austin	State TX	Zip Code 78704	
8 Purpose of expenditure Campaign Management Services						9 Complete if direct expenditure to benefit C/OH Candidate/Officeholder name Office held / sought	
4	Date 3/5/08	5	Payee name Ignite Consulting			7	Amount (\$) 1,367.28
		6	Payee address 4032 S Lamar Ste 500 Box	City Austin	State TX	Zip Code 78704	
8 Purpose of expenditure Auto calls						9 Complete if direct expenditure to benefit C/OH Candidate/Officeholder name Office held / sought	
4	Date 3/5/08	5	Payee name Ignite Consulting			7	Amount (\$) 1,310.00
		6	Payee address 4032 S Lamar Ste 500 Box	City Austin	State TX	Zip Code 78704	
8 Purpose of expenditure Ad in Chronicle and Gazette						9 Complete if direct expenditure to benefit C/OH Candidate/Officeholder name Office held / sought	
4	Date 3/5/08	5	Payee name Ignite Consulting			7	Amount (\$) 1,722.00
		6	Payee address 4032 S Lamar Ste 500 Box	City Austin	State TX	Zip Code 78704	
8 Purpose of expenditure Chronicle Ads 10747						9 Complete if direct expenditure to benefit C/OH Candidate/Officeholder name Office held / sought	

POLITICAL EXPENDITURES

SCHEDULE F

See Instruction Guide For Detailed Instructions.						1	Total pages Schedule F
2 FILER NAME Glen Maxey Campaign						3	ACCOUNT #
4	Date 3/5/08	5	Payee name Ignite Consulting			7	Amount (\$) 228.45
		6	Payee address 4032 S Lamar Ste 500 Box	City Austin	State TX	Zip Code 78704	
8 Purpose of expenditure Fundraiser materials 10720					9 Complete if direct expenditure to benefit C/OH Candidate/Officeholder name Office held / sought		
4	Date 3/8/2008	5	Payee name Glen Maxey			7	Amount (\$) 1,000.00
		6	Payee address P O Box 2505	City Austin	State TX	Zip Code 78768	
8 Purpose of expenditure Loan Payment					9 Complete if direct expenditure to benefit C/OH Candidate/Officeholder name Office held / sought		

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E:

2 FILER NAME

Glen Maxey

3 ACCOUNT # (Ethics Commission filers)

4

TOTAL OF UNITEMIZED LOANS:

⇒ ⇒ ⇒ ⇒ ⇒ ⇒

\$

5 Date of loan

2/25/08

7 Name of lender

Glen Maxey

☐ out-of-state PAC (ID#:

9 Loan Amount (\$)

1000 —

6 Is lender a financial Institution?

Y

(N)

8 Lender address; City; State; Zip Code

P.O Box 2505 Austin TX 78764

10 Interest rate

—

11 Maturity date

—

12 Principal occupation / Job title (See Instructions)

Retired

13 Employer (See Instructions)

Self

14 Description of Collateral

☐ none

15 GUARANTOR INFORMATION

☐ not applicable

16 Name of guarantor

18 Amount Guaranteed (\$)

17 Guarantor address; City; State; Zip Code

19 Principal Occupation

20 Employer

Date of loan

Name of lender

☐ out-of-state PAC (ID#:

Loan Amount (\$)

David Butts

5000 —

Is lender a financial Institution?

Y

(N)

Lender address; City; State; Zip Code

1914 Patton Austin TX 787

Interest rate

—

Maturity date

—

Principal occupation / Job title (See Instructions)

Consultant

Employer (See Instructions)

Self

Description of Collateral

☐ none

GUARANTOR INFORMATION

☐ not applicable

Name of guarantor

Amount Guaranteed (\$)

Guarantor address; City; State; Zip Code

Principal Occupation

Employer

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

The Instruction Guide explains how to complete this form.
 ** Complete only if "Report Type" on page 1 is marked "Final Report" **

1 C/OH NAME

Glen Maxey

2 ACCOUNT # (Ethics Commission filers)

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

Glen Maxey
 Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

** Complete A & B below only if you are not an officeholder. **

A. CAMPAIGN FUNDS

Check only one:

☒ I do not have unexpended contributions or unexpended interest or income earned from political contributions.

☐ I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

B. ASSETS

Check only one:

☐ I do not retain assets purchased with political contributions or interest or other income from political contributions.

☐ I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

Signature of Candidate

5 OFFICEHOLDER

** Complete this section only if you are an officeholder **

☐ I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, at the time I cease holding office, I retain assets purchased with political contributions or interest or other income from political contributions.

Signature of Officeholder